Appendix

ASAM Criteria Dimensions at a Glance

DIMENSION #	DIMENSION DESCRIPTION	ASSESSMENT & TREATMENT PLANNING FOCUS
Dimension 1	Acute Intoxication and/or Withdrawal Potential	Assessment for intoxication and/or withdrawal management. Withdrawal management in a variety of levels of care and preparation for continued SUD services.
Dimension 2	Biomedical Conditions and Complications	Assess and treat co-occurring physical health conditions or complications. Treatment provided within the level of care or through coordination of physical health services.
Dimension 3	Emotional, behavioral, or Cognitive Conditions and Complications	Assess and treat co-occurring diagnostic or sub-diagnostic mental health conditions or complications. Treatment provided within the level of care or through coordination of mental health services.
Dimension 4	Readiness to Change	Assess stage of readiness to change. If not ready to commit to full recovery, engage into treatment using motivational enhancement strategies. If ready for recovery, consolidate and expand action for change.
Dimension 5	Relapse, Continued Use, or Continued Problem Potential	Assess readiness for relapse prevention services and teach where appropriate. If still at early stages of change, focus on raising consciousness of consequences of continued use or problems with motivational strategies.
Dimension 6	Recovery/Living Environment	Assess need for specific individualized, family, or significant other housing, financial, vocational, educational, legal, transportation, childcare or other needs that may help/hinder recovery.

Abuse - Provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes member practices that result in unnecessary cost to the Medicaid program.

Admission – When the program determines that an individual is appropriate for the program and completes and signs all required paperwork including consent to recovery/treatment form and confidentiality release.

Adolescents – Clients between the ages of twelve and under the age of twenty-one.

Adverse benefit determination - In the case of an MCO, PIHP, or PAHP, any of the following:

1) The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
2) The reduction, suspension, or termination of a previously authorized service.
3) The denial, in whole or in part, of payment for a service.
4) The failure to provide services in a timely manner, as defined by the state
5) The failure of an MCO, PIHP, or PAHP to act within the timeframes provided in § 438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.
6) For a resident of a rural area with only one MCO, the denial of an enrollee's request to exercise his or her right, under § 438.52(b)(2)(ii), to obtain services outside the network.
7) The denial of an enrollee's request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other enrollee financial liabilities.

Alcohol and drug free – Free of the use of alcohol and/or the illicit use of drugs.

Alcohol and drug free environment – An environment that is free of the use of alcohol and/or the illicit use of drugs and promotes alcohol and other drug free activities.

Alcohol and/or other drug program certification standards – The most current State of California Department of Alcohol and/or other Drug Program Certification Standards, established to ensure an acceptable level of service is provided to program participants.

Ancillary Service – Additional outside services which provide resources that meet the educational, vocational, health, social, and other needs required to support the participant's recovery.

Appeal – A request for review of an adverse benefit determination.

Assembly Bill 109 (AB109) – Legislation that was passed for adult parolees, shifting supervision from the State to the County.

Assessment – An in-depth review including level of care assessment and participant strengths and needs to provide baseline information regarding life domains, i.e., substance use disorder, medical, employment, legal, social, psychological, family, environment and special needs. The diagnostic tool is based on the American Society of Addiction Medicine Patient Placement Criteria Third Revision, Revised 2014 (ASAM). The BHS-approved substance use disorder assessment tools are the Addiction Severity Index (ASI) and the Youth Assessment Index (YAI).

Associate – Per DHCS, associate is defined as license eligible staff in post graduate school obtaining hours.

Authorization - The approval process for DMC-ODS Services prior to the submission of a DMC claim.is the approval process for DMC-ODS Services prior to the submission of a DMC claim.

Available Capacity - means the total number of units of service (bed days, hours, slots, etc.) that a Contractor actually makes available in the current fiscal year.

Bed day – A day and night of a residential substance use disorder program with treatment services provided to a resident that occupies a designated general population bed. Residential programs may only claim for a bed day if a minimum one hour of activity/activities as listed in DHCS Information Notice 18-001 is provided.

Member - A person who: (a) has been determined eligible for Medi-Cal; (b) is not institutionalized; (c) has a substance-related disorder per the current "Diagnostic and Statistical Manual of Mental Disorders (DSM)" criteria; and (d) meets the admission criteria to receive DMC covered services.

Member Handbook - The state developed model enrollee handbook.

Board of Directors – The governing body that has full legal authority for governing the operations of substance use disorder programs.

Calendar Week - The seven-day period from Sunday through Saturday.

Care Coordination – Bringing together various providers and information systems to coordinate health services, client needs, and information to help better achieve the goals of treatment and care.

Case Management – A service to assist a member to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services.

Certified Provider - A substance use disorder clinic location that has received certification to be reimbursed as a DMC clinic by the state to provide services as described in Title 22, California Code of Regulations, Section 51341.1.

Client file – The file that contains the information required by the established standards for each client upon admission to a program.

Cognitive Behavioral Therapy – A short-term, goal-oriented psychotherapy treatment that takes a hands-on, practical approach to problem-solving. Cognitive behavioral therapy (CBT) focuses on exploring relationships between a person's thoughts, feelings and behaviors. During CBT a therapist will actively work with the client to uncover unhealthy patterns of thought and how they may be causing self-destructive behaviors and beliefs. By addressing these patterns, the client and therapist can work together to develop constructive ways of thinking that will produce healthier behaviors and beliefs.

Collateral Services – Sessions with therapists or counselors and significant persons in the life of a member, focused on the treatment needs of the client, focused on the treatment needs of the client in terms of supporting the achievement of the client's treatment goals. Significant persons are individuals that have a personal, not official or professional, relationship with the member. Collateral services are an important means of connecting with the significant persons (as described above) as part of gathering information for assessment, as part of educating how best to support the client's recovery, etc. The client may be present, but it is not a requirement that the client is present.

COMPAS – Correctional Offender Management Profiling for Alternative Sanction, adult risk and needs assessment.

COSDBHS – County of San Diego Behavioral Health Services; COSD is used interchangeably.

Co-Occurring Disorder – A concurrent substance use and mental disorder.

Corrective Action Plan - The written plan of action document which the Contractor or its subcontracted service provider develops and submits to DHCS to address or correct a deficiency or process that is non-compliant with laws, regulations or standards.

Crisis Intervention Services – A contact between a therapist or counselor and a member in crisis. Services shall focus on alleviating crisis problems. "Crisis" means an actual relapse or an unforeseen event or circumstance, which presents to the member an imminent threat of relapse. Crisis intervention services shall be limited to stabilization of the member's emergency situation.

Cultural Competency – A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among consumer providers, family member providers, and professionals that enables that system, agency or those professionals, consumer, and family member providers to work effectively in cross-cultural situations.

Culturally and Linguistically Appropriate Services (CLAS) – Established by the federal Office of Minority Health (OMH) the Cultural and Linguistically Appropriate Services (CLAS) standards ensure equal access to quality care by diverse populations.

Days – "Days" means calendar days, unless otherwise specified.

Dedicated Capacity - The historically calculated service capacity, by modality, adjusted for the projected expansion or reduction in services, which the Contractor agrees to make available to provide DMC-ODS services to persons eligible for Contractor services.

Delivery System - DMC-Organized Delivery System is a Medi-Cal benefit in counties that choose to opt into and implement the Pilot program. DMC-ODS shall be available as a Medi-Cal benefit for individuals who meet the medical necessity criteria and reside in a county that opts into the Pilot program. Upon approval of an implementation plan, the state shall contract with the county to provide DMC-ODS services. The county shall, in turn, contract with DMC certified providers or provide county-operated services to provide all services outlined in the DMC-ODS. Counties may also contract with a managed care plan to provide services. Participating counties with the approval from the state may develop regional delivery systems for one or more of the required modalities or request flexibility in delivery system design or comparability of services. Counties may act jointly in order to deliver these services.

Discharge Services – The process to prepare the member for referral into another level of care, post treatment return or reentry into the community, and/or the linkage of the individual to essential community treatment, housing and human services.

Discharge Plan – An individual plan of action to support recovery after an individual has been discharged from a treatment program.

Discharge Summary – The report that must be completed, within thirty (30) days following the discharge of any client.

Drug-Free Birth – A birth that occurs while a woman is in treatment, and the baby is free of all drugs.

Drug Medi-Cal (DMC) Program - The state system wherein members receive covered services from DMC-certified substance use disorder treatment providers.

Drug Medi-Cal Organized Delivery System (DMC-ODS) - DMC-Organized Delivery System is a Medi-Cal benefit in counties that choose to opt into and implement the Pilot program. DMC-ODS shall be available as a Medi-Cal benefit for individuals who meet the medical necessity criteria and reside in a county that opts into the Pilot program. Upon approval of an implementation plan, the state shall contract with the county to provide DMC-ODS services. The county shall, in turn, contract with DMC certified providers or provide county-operated services to provide all services outlined in the DMC-ODS. Counties may also contract with a managed care plan to provide services. Participating counties with the approval from the state may develop regional delivery systems for one or more of the required modalities or request flexibility in delivery system design or comparability of services. Counties may act jointly in order to deliver these services.

Drug Medi-Cal (DMC) Termination of Certification - The provider is no longer certified to participate in the Drug Medi-Cal program upon the state's issuance of a Drug Medi-Cal certification termination notice.

Drug Testing – A process to collect blood, saliva, or urine to determine the presence of alcohol or illicit drugs in an individuals' system verified by a certified laboratory. Drug testing shall be conducted in conjunction with treatment.

Early and Periodic, Screening, Diagnostic, and Treatment (EPSDT) - The federally mandated Medicaid benefit that entitles full-scope Medi-Cal-covered members less than 21 years of age to receive any Medicaid service necessary to correct or ameliorate a defect, mental illness, or other condition, such as a substance-related disorder, that is discovered during a health screening**.**

Education and Job Skills - Linkages to life skills, employment services, job training, and education services.

Emergency Medical Condition - A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:

1) Placing the health of the individual (or, for a pregnant woman, the health of the woman or her unborn child) in serious jeopardy.
2) Serious impairment to bodily functions.
3) Serious dysfunction of any bodily organ or part.

Emergency Services - Covered inpatient and outpatient services that are as follows:

1) Furnished by a provider that is qualified to furnish these services under this Title.
2) Needed to evaluate or stabilize an emergency medical condition.

Evidence-Based Practice(s) – Practices that have been implemented and are supported by evidence. Providers will be expected to implement, at a minimum, the two EBPs of Motivational Interviewing (MI) and Relapse Prevention. Other EBPs include cognitive behavioral therapy, trauma informed treatment, family therapy and psychoeducation.

Face-to-Face –A service occurring in person.

Family Support - Linkages to childcare, parent education, child development support services, and family and marriage education. Family support is only available under Recovery services.

Family Therapy – Including a member's family members and loved ones in the treatment process, and education about factors that are important to the member's recovery as well as their own recovery can be conveyed. Family members may provide social support to members, help motivate their loved one to remain in treatment, and receive help and support for their own family recovery as well.

Fraud - An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or state law.

Gender Identity - One's innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth.

Grievance – An expression of dissatisfaction about any matter other than an adverse benefit determination. Grievances may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the enrollee's rights regardless of whether remedial action is requested. Grievance includes an enrollee's right to dispute an extension of time proposed by the MCO, PIHP or PAHP to make an authorization decision.

Grievance and Appeal System - The processes the MCO, PIHP, or PAHP implements to handle appeals of an adverse benefit determination and grievances, as well as the processes to collect and track information about them.

Group Counseling – Contacts in which one or more therapists or counselors treat two or more clients at the same time with a maximum of 12 in the group, focusing on the needs of the individuals served. A member that is 17 years of age or younger shall not participate in group counseling with any participants

who are 18 years of age or older. However, a member who is 17 years of age or younger may participate in group counseling with participants who are 18 years of age or older when the counseling is at a provider's certified school site.

Hospitalization - When a patient needs a supervised recovery period in a facility that provides hospital inpatient care.

Illicit Use of Drugs – The use of any substance defined as a drug in Section 11014, Chapter 1, Division 10 of the Health and Safety Code, except:

- Drugs or medications prescribed by a physician or other person authorized to prescribe drugs, pursuant Section 4036, Chapter 9, Division 2 of the Business and Professions Code and used in the dosage and frequency prescribed; or
- Over-the-counter drugs or medications used in the dosage and frequency described on the box, bottle, or package insert.

Imminent Danger – Imminent danger has the following three components:

- A strong probability that certain behaviors will occur (e.g., continued alcohol or drug use or relapse or non-compliance with psychiatric medications)
- The likelihood that these behaviors will present a significant risk of serious adverse consequences to the individual and/or others (as in a consistent pattern of driving while intoxicated)
- The likelihood that such adverse events will occur in the very near future
- In order to constitute "imminent danger" all three elements must be present.

Individual Counseling –Contact between a member and a therapist or counselor. Services provided in-person, by telephone or by telehealth qualify as Medi-Cal reimbursable units of service and are reimbursed without distinction.

Intake – The process of determining a member meets the medical necessity criteria and a member is admitted into a substance use disorder treatment program. Intake includes the evaluation or analysis of the cause or nature of mental, emotional, psychological, behavioral, and substance use disorders; and the assessment of treatment needs to provide medically necessary services. Intake may include a physical examination and laboratory testing (e.g., body specimen screening) necessary for substance use disorder treatment and evaluation.

Intensive Outpatient (IOS) Services – (ASAM Level 2.1) Structured programming services consisting primarily of counseling and education about addiction-related problems a minimum of nine (9) hours with a maximum of 19 hours per week for adults, and a minimum of six (6) hours with a maximum of 19 hours per week for adolescents. Services may be provided in any appropriate setting in the community. Services may be provided in-person, by telephone, or by telehealth, and in any appropriate setting in the community.

Interim Services – Per SUBG guidelines, interim services referrals and education provided to priority population clients when they cannot be admitted due to capacity limitations.

Intern – Per DHCS FAQ dated 6/2019, intern staff have not received their advanced degree within their specific field and/or have not registered with appropriate state board; interns are not considered LPHA's.
Job Readiness Education – Educational sessions focused on teaching the resident how to write a resume, search for, attain, and maintain employment in the community–at–large.

Justice Override – A client is court-ordered or probation-recommended to residential treatment, but client is not assessed to meet ASAM criteria for residential LOC.

Licensed Practitioner of the Healing Arts (LPHA) – Includes: Physicians, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), and Licensed Marriage and Family Therapist (LMFT) and licensed-eligible practitioners working under the supervision of licensed clinicians includes: Physicians, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered

Pharmacists, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), and Licensed Marriage and Family Therapist (LMFT) and licensed-eligible practitioners working under the supervision of licensed clinicians.

Managed Care Organization - An entity that has, or is seeking to qualify for, comprehensive risk contract under this part, and that is-

1) A Federally qualified HMO that meets the advance directives requirements of subpart I of part 489 of this chapter; or
2) Any public Any public or private entity that meets the advance directives requirements and is determined by the Secretary to also meet the following conditions:
    a. Makes the services it provides to its Medicaid enrollees as accessible (in terms of timeliness, amount, duration, and scope) as those services are to other Medicaid members within the area served by the entity.
    b. Meets the solvency standards of the §438.116.

Medical Necessity and Medically Necessary Services - SUD treatment services that are reasonable and necessary to protect life, prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of a disease, illness or injury consistent with and 42 CFR 438.210(a)(4) or, in the case of EPSDT, services that meet the criteria specified in Title 22, Sections 51303 and 51340.1.

Medical Necessity Criteria - Adult members must have one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM) Fifth Edition for Substance-Related and Addictive Disorders with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders and must meet the ASAM Criteria definition of medical necessity for services based on the ASAM Criteria. Youth under 21 may be assessed to be at risk for developing a substance use disorder, and if applicable, must meet the ASAM adolescent treatment criteria. Members under age 21 are eligible to receive Medicaid services pursuant to the Early Periodic Screening, Diagnostic and Treatment (EPSDT) mandate. Under the EPSDT mandate, members under age 21 are eligible to receive all appropriate and medically necessary services needed to correct and ameliorate health.

Medical Director - Physician licensed by the Medical Board of CA or Osteopathic Medical Board of CA.

Medical Psychotherapy - A type of counseling service that has the same meaning as defined in 9 CCR § 10345.

Medication Assisted Treatment (MAT) - The use of prescription medications, in combination with counseling and behavioral therapies, to provide a whole-person approach to the treatment of substance use disorders (SUD). Research shows that a combination of MAT and behavioral therapies is a successful method to treat SUD. There are different doors through which members in need of MAT enter the Medi-Cal system.

Medication Services – Medication Services including MAT, will be discussed and offered as a concurrent treatment option for individuals with an alcohol- and/or opioid- related SUD condition. The prescription or administration of MAT, and the assessment of side effects and/or impact of these medications, should be conducted by staff lawfully authorized to provide such services within their scope of practice and licensure.

Memoranda of Understanding (MOU) – Written agreement between entities, individuals, programs, and/or others that specifies mutual understanding of responsibility.

Methadone – An opiate agonist medication that has been approved for use in narcotic replacement therapy.

Minor – Individuals under the age of 18 years old.

Modality - Necessary overall general service activities to provide substance use disorder services as described in Division 10.5 of the HSC.

Motivational Interviewing – Motivational Interviewing focuses on exploring and resolving ambivalence and centers on motivational processes within the individual that facilitate change. The method differs from

more “coercive” or externally driven methods for motivating change as it does not impose change (that may be inconsistent with the person's own values, beliefs or wishes); but rather supports change in a manner congruent with the person's own values and concerns.

Naltrexone Treatment Services - An outpatient treatment service directed at serving detoxified opiate addicts by using the drug Naltrexone, which blocks the euphoric effects of opiates and helps prevent relapse to opiate addiction.

Network - The group of entities that have contracted with the PIHP to provide services under this Agreement.

Network Provider - Any provider, group of providers, or entity that has a network provider agreement with a MCO, PIHP, PAHP, or a subcontract, and receives Medicaid funding directly or indirectly to order, refer or render covered services as a result of the state’s contract with an MCO, PIHP or PAHP. A network provider is not a subcontractor by virtue of the network provider agreement.

Non-participating provider - A provider that is not engaged in the continuum of services under this Agreement.

Non-Perinatal Residential Program - Services are provided in DHCS licensed residential facilities that also have DMC certification and have been designated by DHCS as capable of delivering care consistent with ASAM treatment criteria. These residential services are provided to the non-perinatal population and do not require the enhanced services found in the perinatal residential programs.

Notice of Adverse Benefit Determination - A formal communication of any action and consistent with 42 CFR 438.404 and 438.10.

Observation - The process of monitoring the member’s course of withdrawal. It is to be conducted as frequently as deemed appropriate for the member and the level of care the member is receiving. This may include but is not limited to observation of the member’s health status.

Opioid (Narcotic) Treatment Program (OTP) - An outpatient clinic licensed by the state to provide narcotic replacement therapy directed at stabilization and rehabilitation of persons who are opiate-addicted and have a substance use diagnosis.

Out-of-Network Access – A provider who is not on the County of San Diego DMC-ODS plan’s list of providers.

Outpatient Services - (ASAM Level 1.0) outpatient service directed at stabilizing and rehabilitating persons up to nine hours of service per week for adults, and less than six hours per week for adolescents.

Outreach To Person Who Inject Drugs - Per 42 US Code section 300x-21, “outreach to persons who injects drugs” are activities that encourage individuals in need of such treatment to undergo treatment.

Overpayment - Any payment made to a network provider by a MCO, PIHP, or PAHP to which the network provider is not entitled to under Title XIX of the Act or any payment to a MCO, PIHP, or PAHP by a state to which the MCO, PIHP, or PAHP is not entitled to under Title XIX of the Act.

Participating Provider - Providing research-based education on addiction, treatment, recovery and associated health risks.

Patient Education – Providing research-based education on addiction, treatment, recovery and associated health risks. Note: Patient Education and Client Education are used interchangeably.

Payment Suspension - The Drug Medi-Cal certified provider has been issued a notice pursuant to W&I Code, Section 14107.11 and is not authorized to receive payments after the payment suspension date for DMC services, regardless of when the service was provided.

Peer Support Specialists – Peer support specialists must be self-identified as having experience with the process of recovery from mental illness and/or substance use disorder either as a consumer of these services or as the parent or family member of the consumer. They are in the recovery process and can help others experiencing similar substance use treatment and recovery life situations. Peer support specialists must possess a high school diploma or equivalent, complete the peer certification training and all trainings required on the Behavioral Health Services DMC-ODS Required Trainings website, and be 18 years or older. With certification and through shared understanding, respect, and mutual empowerment, peer support specialists help members engage in the recovery process and reduce the likelihood of relapse.

Peer Support Specialist Services (PSSS) - Peer support specialist services are culturally competent services that promote recovery, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths. Services that peer support specialists provide include but are not limited to relapse prevention services, coaching, supporting linkages to community resources, or education documented in an individualized treatment or recovery plan.

Perinatal Services – Covered services as well as mother/child habilitative and rehabilitative services; services access (i.e., provision or arrangement of transportation to and from medically necessary treatment); education to reduce harmful effects of alcohol and drugs on the mother and fetus or infant; and coordination of ancillary services (Title 22, Section 51341.1(c) 4).

Physician - A Doctor of Medicine or osteopathy legally authorized to practice medicine or surgery in the State in which the function is performed.

Clinician Consultation - Services are to support DMC physicians with complex cases, which may address medication selection, dosing, side effect management, adherence, drug-drug interactions, or level of care considerations.

Physician Services - Services provided by an individual licensed under state law to practice medicine.

Prepaid Inpatient Health Plan (PIHP) - An entity that: (1) Provides services to enrollees under contract with the state, and on the basis of capitation payments, or other payment arrangements that do not use State Plan payment rates. (2) Provides, arranges for, or otherwise has responsibility for the provision of any inpatient hospital or institutional services for its enrollees; and (3) Does not have a comprehensive risk contract.

Priority Population – Per SUBG, priority population are the highest risk populations ranked in order of priority for treatment admission preference (pregnant person using IV substances, pregnant person using other non-IV substances, person using IV substances, all other individuals).

Post-Partum – As defined for DMC purposes, means the 60-day period beginning on the last day of pregnancy, regardless of whether other conditions of eligibility are met. Eligibility for perinatal services shall end on the last day of the calendar month in which the 60th day occurs.

Post Service Post Payment (PSPP) Utilization Review – The review for program compliance and medical necessity conducted by the state after service was rendered and paid. The Department may recover prior payments of Federal and state funds if such a review determines that the services did not comply with the applicable statutes, regulations, or terms as specified in Article III.PP of this Agreement.

Post Service Pre Payment (PSPP) Utilization Review - Formally known as DMC Monitoring Reviews, differ from PS Post Payment reviews in that there is no financial recovery (i.e. recoupment) associated with these types of reviews. Rather, they are conducted as part of the DHCS requirement to provide programmatic, administrative, and fiscal oversight of statewide DMC SUD services. The Post Service Pre-Payment reviews include an on-site review of certain DMC charts, employee files, policy and procedures, and the physical location of the program.

Primary Care - All health care services and laboratory services customarily furnished by or through a general practitioner, family physician, internal medicine physician, obstetrician/gynecologist, pediatrician, or other licensed practitioner as authorized by the State Medicaid program, to the extent the furnishing of those services is legally authorized in the state in which the practitioner furnishes them.

Provider – Any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is legally authorized to do so by the state in which it delivers the services.

Program Fee – A fee charged to the client for program services. Fees may NOT be charged to CalWORKs or Drug Medi-Cal clients (except Medi-Cal members with a share of cost).

Quality Assessment/Utilization Review (QA/UR) – Reviews of physicians, health care practitioners and providers of health care services in the provision of health, care services and items for which payment may be made to determine whether:

1) Such services are or were reasonable and medically necessary and whether such services and items are allowable.
2) The quality of such services meets professionally recognized standards of health care.

Recertification - The process by which the DMC certified clinic is required to submit an application and specified documentation, as determined by DHCS, to remain eligible to participate in and be reimbursed through the DMC program. Re-certification shall occur no less than every five years from the date of previous DMC certification or re-certification**.**

Recovery Monitoring - Recovery coaching, monitoring via telephone and internet. Recovery monitoring is only available in Recovery services.

Recovery Plan – A written document, completed by the client after consultation with staff, detailing client's individual goals with specific services and activities outlined, including beginning and end dates. They shall be kept in the client file.

Recovery Services – Services and activities that support and promote a drug and alcohol-free lifestyle, develop life skills, and engage participants in recovery.

Rehabilitation Services - Includes any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under state law, for maximum reduction of physical or mental disability and restoration of a member to his best possible functional level.

Relapse – A single instance of a member's substance use or a member's return to a pattern of substance use.

Relapse Prevention - Learning and practicing coping skills, building community connections, relapse prevention, self-efficacy, and an improved ability to structure and organize tasks of daily living.

Relapse Trigger - An event, circumstance, place or person that puts a member at risk of relapse.

Residential Treatment Services - A non-institutional, 24-hour non-medical, short-term residential program of any size that provides rehabilitation services to members. Each member shall live on the premises and shall be supported in their efforts to restore, maintain, and apply interpersonal and independent living skills, and access community support systems. Programs shall provide a range of activities and services. Residential treatment shall include 24-hour structure with available trained personnel, seven days a week.

a. A member shall live on the premises and be considered a "short-term resident" of the residential facility where the member receives services under this DMC-ODS level of care.
b. Services may be provided in facilities of any size.

Safeguarding Medications - Facilities will store all resident medication and facility staff members may assist with resident's self-administration of medication.

Service Area - means the geographical area under Contractor's jurisdiction.

Staff – A paid individual who, by virtue of education, training and/or experience, provides services that may include listening, advice, opinion, and/or instruction to an individual or group to allow participants an opportunity to explore problems related directly or indirectly to alcohol and/or other drugs.

Structured activities – Assessment, individual and group counseling family therapy, patient education, collateral services, crisis intervention, treatment planning, transportation services to and from medically necessary treatment, and discharge services.

Substance Use Disorder Diagnoses – Set forth in the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition, published by the American Psychiatric Association.

SUD Counselor – Provide counseling services such as intake, assessment of need for services, treatment planning, recovery planning, individual or group counseling to participants, patients, or residents in any substance use disorder (SUD) program licensed or certified by DHCS are required by the State of California to be certified**.**

Telehealth between Provider and Member - Office or outpatient visits via interactive audio and video telecommunication systems.

Telehealth between Providers - Communication between two providers for purposes of consultation, performed via interactive audio and video telecommunications systems.

Temporary Suspension - The provider is temporarily suspended from participating in the DMC program as authorized by W&I Code, Section 14043.36(a). The provider cannot bill for DMC services from the effective date of the temporary.

Threshold Language - Language that has been identified as the primary language, as indicated on the Medi-Cal Eligibility System (MEDS), of 3,000 members or five percent of the member population, whichever is lower, in an identified geographic area. In San Diego County the threshold languages are English, Tagalog, Spanish, Arabic, Farsi, Somali, Korean, Mandarin (Chinese) and Vietnamese.

Transportation Services - Provision of or arrangement for transportation to and from medically necessary treatment.

Trauma-Informed – Awareness and understanding of the prevalence of historical and current trauma, its impact on clients and a further commitment to not re-traumatize or do further harm through interventions, policies, or procedures.

Trauma-Informed Services – All components of a given service system that have been reconsidered and evaluated in light of a basic understanding of the role that violence plays in the lives of people seeking mental health and SUD services.

Treatment Planning – The provider (SUD counselor or LPHA) shall prepare an individualized written treatment plan, based upon information obtained in the intake and assessment process. The development and update timeframes of treatment plans will depend on the level of care in which treatment is delivered. Treatment plans are no longer required for all levels of care.

Tuberculosis (TB) Disease [Active] – Persons who have active TB usually have symptoms. TB is a disease of the lungs or larynx that can be transmitted when a person with the disease coughs, sings, laughs, speaks, or breathes.

Tuberculosis (TB) Infection – Individual may not have symptoms of the disease; the infected person generally has a positive TB skin test (TST) and a normal chest x-ray. Infection may be recent or present for a long period of time.

Unit of Service – means:

1) For case management, intensive outpatient treatment, outpatient services, Naltrexone treatment services, and recovery services contact with a member in 15-minute increments on a calendar day.
2) For additional medication assisted treatment, physician services that includes ordering, prescribing, administering, and monitoring of all medications for substance use disorders per visit or in 15-minute increments.
3) For narcotic treatment program services, a calendar month of treatment services provided pursuant

to this section and Chapter 4 commencing with 9 CCR § 10000.

4) For Clinician services, consulting with addiction medicine physicians, addiction psychiatrists or clinical pharmacists in 15-minute increments.
5) For residential services, providing 24-hour daily service, per member, per bed rate.
6) For withdrawal management per member per visit/daily unit of service.

Urgent Care - A condition perceived by a member as serious, but not life threatening. A condition that disrupts normal activities of daily living and requires assessment by a health care provider and if necessary, treatment within 48 hours.

Utilization - The total actual units of service used by members and participants.

Volunteer – An individual that is an unpaid staff member.

Warm Handoff – When a treatment agency, case manager, counselor, etc. refers a client for additional services related to their treatment. This is not a simple referral but entails going the extra step to ensure that the client feels supported and is not left to their own devices. An example is when a counselor calls another counselor, introduces the client to the counselor, and then sets up a meeting between the client and new counselor. The client will go into the meeting having already been introduced to the new counselor.

Withdrawal Management - Detoxification services provided in either an ambulatory or non-ambulatory setting consistent with the level of care criteria to DMC ODS members.

ASAM Level of Care (LOC) Determination Guidelines (1 of 2)

As emergency needs come first, the highest severity problem (with specific attention to Dimensions 1, 2 and 3) should guide the client's entry point into the treatment continuum. Then, the least intensive level of care that can safely and effectively help the client meet identified needs guides the LOC determination. This brief overview is not intended to replace the use of the comprehensive admission criteria as described in "The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, Third Edition, 2013."

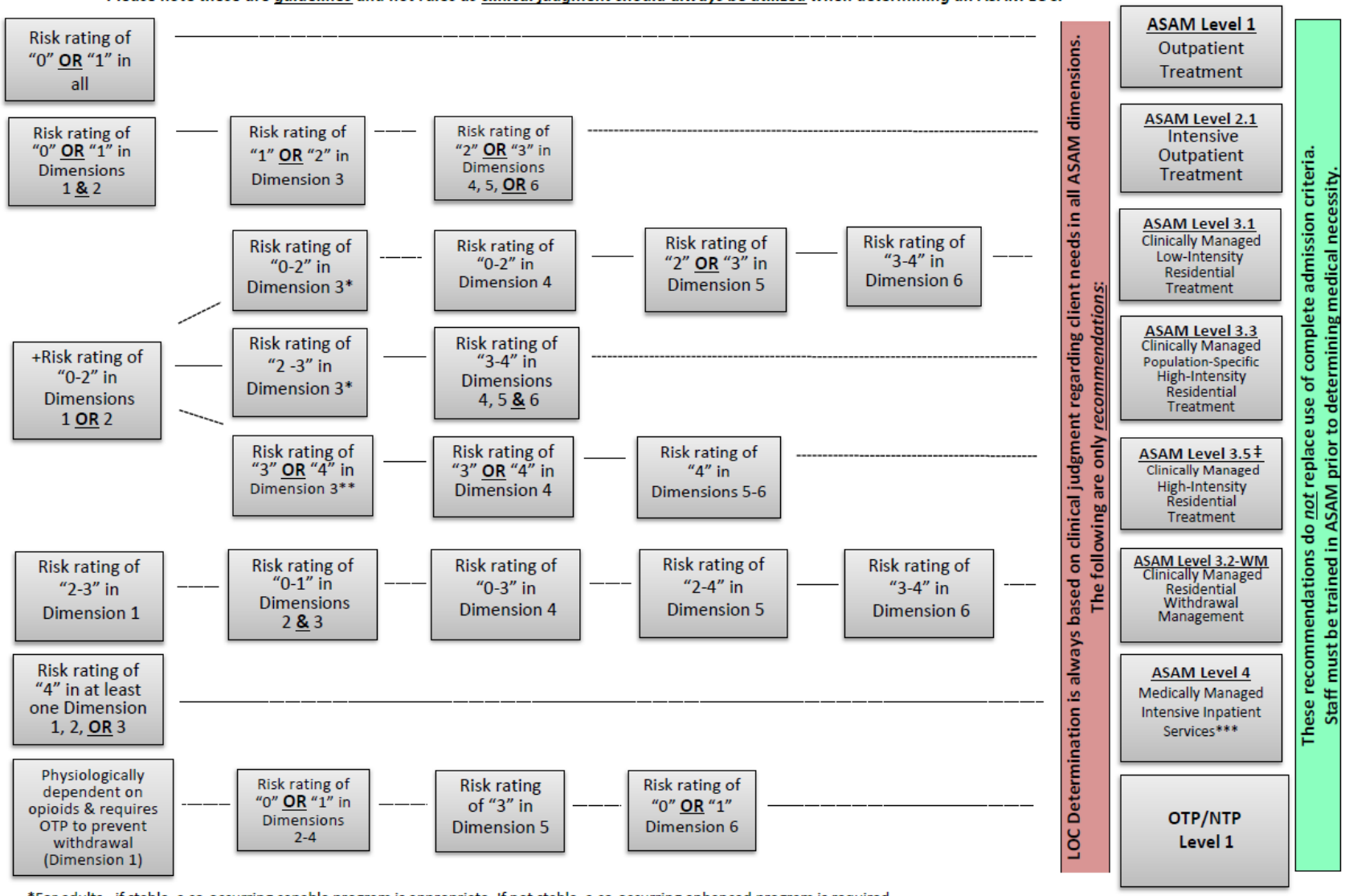
ASAM Levels of Withdrawal Management	Level	Description
Ambulatory WM without Extended Onsite Monitoring (Outpatient)	1-WM	Mild withdrawal but is at minimal risk of severe withdrawal syndrome and is assessed as likely to complete needed WM and to enter into continuing treatment or self-help recovery as evidenced by meeting one of these criteria: • Has an adequate understanding of ambulatory WM and has expressed commitment to enter such a program, or • Has adequate support services to ensure commitment to completion of WM and entry into ongoing treatment or recovery, or • Is willing to accept a recommendation for tx (i.e. MAT) or to attend outpatient sessions/self-help
Ambulatory WM with Extended Onsite Monitoring (Outpatient)	2-WM	Moderate withdrawal requiring extended WM support and supervision; at night, has supportive living situation; likely to complete WM as evidenced by meeting the first criteria and either of the three remaining criteria: • Client/supports clearly understand instructions for care and are able to follow instructions, and • Has an adequate understanding of ambulatory WM and has expressed commitment to enter such a program, or • Has adequate support services to ensure commitment to completion of WM and entry into ongoing treatment or recovery, or • Evidences willingness to accept a recommendation for treatment once withdrawal has been managed (for example, to attend outpatient sessions or self-help groups)
Clinically Managed Residential WM	3.2-WM	Moderate-severe withdrawal, but needs 24-hour support because of inadequate home supervisor or support structure, as evidenced by meeting one of these three criteria: • Recovery environment is not supportive of WM and entry into treatment, and the client does not have sufficient coping skills to safely deal with the problems in the recovery environment, or • Has a recent history of WM at less intensive levels of service that is marked by inability to complete WM or to enter into continuing addiction treatment, and the client continues to have insufficient skills to complete WM, or • Has demonstrated an inability to complete WM at a less intensive level of service, as manifested by continued use of other-than-prescribed drugs or other mind-altering substances.
Medically managed Intensive Inpatient WM	4-WM	Level 4 is the only available level of care that can provide the medical support and comfort care needed, as evidenced by one of these: • WM regimen or a client's response to that regimen requires monitoring or intervention more frequently than hourly, or • Need for WM or stabilization while pregnant, until she can be safely treated in a less intensive level of care.

Note: Clients may be in a level of Withdrawal Management and another LOC at the same time.

Revised May 2018

ASAM Level of Care (LOC) Determination Guidelines (2 of 2)

Please note these are guidelines and not rules as clinical judgment should always be utilized when determining an ASAM LOC.



*For adults - if stable, a co-occurring capable program is appropriate. If not stable, a co-occurring enhanced program is required.

+ For adolescents, withdrawal (or risk of withdrawal) is being managed concurrently at another level of care.

**For adults, a co-occurring enhanced setting is required for those with severe and chronic mental illness.

‡ For adolescents, mild to moderate withdrawal or risk, but does not need pharmacological management or frequent medical or nursing monitoring.

***If the client's only severity is in Dimensions 4-6 without high severity in Dimension 1, 2, and/or 3, then the client is not appropriate for this level of care.

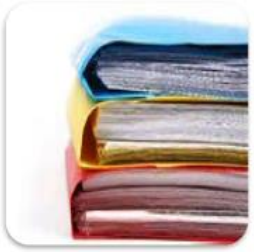
Revised May 2018

Homeless Outreach Worker (HOW)
Service Model & Data Collection Flow

Outreach & Engagement
- Complete screening tool for all contacts with individuals
- Information complete to best of ability
- Turn in monthly Data Collection Log to COR and designated HOW Team

Enrolled
- Individuals who agree to ongoing services-with HOW Team
- Keep with client chart (HMIS or paper file)
- If client enrolls in program services, facilitate warm hand-off with program staff

Short Term CM Services
- Scheduled or unscheduled
- Services and referrals
- Document services in progress note



Documentation/ Outcomes
- HMIS-Clarity (All)
- Cerner Community Behavioral Health (Mental Health)
- Paper Chart
- Reminder-all contacts should have the screening tool

Rev 7.17.19 bk

Local PC 1000 Guidelines Summary

California Penal Code Section 1000 (PC 1000) establishes the authority for counties to create drug diversion programs for eligible participants who are referred from a court. A referral will be made to a County certified PC 1000 Drug Diversion program when a participant is eligible and suitable for the PC 1000 program. Persons who have a need for Substance Use Disorder (SUD) treatment, and who have private insurance, will be referred to their healthcare provider. The criminal charge is dismissed, pursuant to statute, if the participant successfully completes the program and complies with the conditions established by the court.

Two-Track Drug Diversion Process

The PC 1000 Two-Track Drug Diversion Program is intended to provide participants with either education on substance use or treatment for a diagnosed substance use disorder (SUD). The Drug Medi-Cal Organized Delivery System, and changes in state law, bring about the following changes to providers: 1) elimination of the AIDS education component, 2) maintenance of the education track, and 3) addition of a treatment track. The education track will continue at the existing sites, and on September 1, 2019, the new treatment track will be available at the six Regional Recovery Centers. All participants will be assessed SUD need through the American Society for Addiction Medicine (ASAM) criteria. If participant is assessed as having a need for treatment, they will only participate in the treatment track.

Orientation and Enrollment

Program shall enroll individuals referred to their program and site using the BHS-550 Referral Form or have been issued a referral to attend PC 1000 Drug Diversion by another California county. Participants shall be enrolled no later than 14 days past the date specified on the referral form. The orientation shall explain the PC 1000 Program Guidelines and Participant Standards document. Program shall enroll a participant by completing the PC1000 Orientation Checklist.

Leave of Absence (LOA)

Participants may request a leave of absence (LOA) whenever they are unable to attend any two consecutively scheduled program activities. To request a LOA, the participant shall submit a written request including the following information:

- The name of the participant
- The reason for requesting the LOA
- The beginning and end dates for the LOA

Program shall require the participant to request prior approval unless participant is unable to due to circumstances beyond their control. When participant requests retroactive approval**,** the written request shall document the circumstances that prevented the participant from requesting prior approval. Participants are allowed a total of 4 absences during the duration of the program and a 5th absence will result in dismissal and referral back to Court. Program shall require each participant to make up all absences. Time on LOA shall not count toward the minimum 3 months (12 weeks) required participation.

Inter-Program Transfer

A participant transferring to another PC 1000 Two-Track Drug Diversion Program in the County shall report to the receiving program within 28 days of cessation of services by the sending program. Notification of transfer shall be provided to the Court by the sending program using the County of San Diego PC 1000 Pre-Trial Diversion Program Participant Status Report (BHS-550PSR). The receiving program shall notify the sending program and the Court of the participant's enrollment or non-enrollment.

Participant Grievance Process

Program shall develop a process and procedure to address participant grievances. The plan must outline the steps for filing a grievance and the time frame required for a response.

Reporting Responsibilities

Program Reporting

- Program shall report the following participant information within 2 working days of deadline to the Court:
    - Confirmation of enrollment by required date
    - Successful completion
    - Satisfactory participation
    - Failure to complete or participate and reason

County Reporting

- Program shall submit the following reports to Behavioral Health Services (BHS):
    - Monthly Status Report
    - Monthly DATA set as specified by BHS
    - Quarterly revenue/expense report, Administration Fee Reporting Form and the Administration fee

Client Participation

Adequate participation is required for both PC 1000 Education and Treatment Tracks. For the Education Track, participants are required to complete 20 hours of classes. For the Treatment Track, participants are required to complete a minimum of 20 hours of treatment. Thresholds for unsatisfactory participation may include the following:

- Failure to comply with program rules and regulations.
- Positive drug test, failure to submit to a drug test or coming to program under the influence of alcohol or other drugs.
- Exceeding **5** unexcused absences.
- Failure to maintain contact with the program for **28** or more consecutive days.
- Failure to contact receiving program within **28** days of transfer
- Participant is physically or verbally abusive or threatening to program staff or other program participants. Program may refuse to reinstate a participant dismissed on this basis; a statement to that effect shall be included in the dismissal notice sent to the Court.

Unsatisfactory participation should be reported to the Court. The participant may be dismissed from the Education Track; however, this does not mean they are dismissed from the PC 1000 program. Clinical assessments should inform recommendation to dismiss clients, alternative referral to treatment, or change the level of care. Recommendation for dismissal or alternative referrals shall be reported on the PC 1000 Pretrial Diversion Program Participant Status Report and returned to the Court. The participant may also be dismissed from the Treatment Track. In such a case, they would not be eligible for the Education Track, and would therefore be dismissed from the PC 1000 program.

Education Track

Educational Sessions

The program shall schedule and provide ten (10) 2-hour and 10-minute educational sessions (20 hours total) scheduled once per week for (10) consecutive weeks. Each education session shall be limited to no more than 30 program participants. Each education session shall consist of:

- 90 minutes of educational activities
- 10-minute break
- 30-minute educational group discussion on the topic
- Individual completion of educational summary for each session

All programs shall utilize an approved curriculum that includes, but is not limited to the following educational topics:

- Understanding use and addiction
- Risk of legal issues and physical health
- Risk to family and employment
- Substance use disorder relapse warning signs and triggers
- Recovery skills including anger management and communication skills

- Recovery planning, relapse prevention, and abstinence
- Rewards of recovery

All programs shall develop lesson plans for each educational session that includes:

- Goals and objectives of each session
- Outline of the information to be covered
- Handouts, audiovisual aids, and/or guest speakers
- Educational sessions shall be scheduled to reasonably accommodate day/evening participant needs.

Each education session shall be limited to no more than 30 program participants. Participants shall complete a questionnaire on each education session.

Drug Testing

Baseline drug test shall be administered at program admittance. Collection shall be observed; therefore, both male and female staff shall be available. Urinalysis shall be a full panel drug screen. Program shall develop and implement a protocol for observed collection, testing, confirming, documenting, and reporting participant drug test results and shall submit the protocol to the COR for approval. Protocol shall protect against the falsification and/or contamination of any urine samples.

Baseline test may show a positive result and the participant shall not be dismissed. Subsequent drug tests shall be random. If the level remains steady or increases, this shall be considered a positive drug test and the participant shall be released from education track and re-assessed for treatment track. Notification shall be provided to the Court using the County of San Diego PC 1000 Diversion Program Participant Status Report.

Referral to Ancillary Services

Program shall refer participants to ancillary services such as withdrawal management, mental or physical health agencies, family counseling, and residential treatment/recovery services based on assessed need. Referral shall be voluntary.

Program Fees and Refunds

Program shall charge only those program fees established and approved by the COR. Standard fee/payment schedule shall be applied. See PC 1000 Education Track Program Fee document. At the time of transfer or program dismissal of a participant, program shall calculate the value of services provided, based on the cost per unit of service, and compare that total to the fees paid to date by the participant. Any fees paid more than the value of services provided shall be refunded to the participant within 60 days of the date of program dismissal or within 14 days from the date of transfer.

Participant Records

Program shall establish a participant case file to include all relevant material and documentation for each participant. Participant files shall be retained for a minimum of 48 months from the date of the last program activity. A summary of all program services, absences, fees/charges and fees paid shall be reflected in each participant file. At minimum, the participant case file shall contain:

- Supplemental documents
- Record of attendance at program services and self-help groups
- Referrals to support services
- Face-to-face contacts with staff
- Drug test results
- Fee collection status
- Exit plan

Outcomes Objectives

Completion

A minimum of 55% of clients enrolled will complete the PC 1000 Education Track, as measured by completing all required program services and paying in full all assessed program fees.

No New Arrests
A minimum of 90% of all participants who successfully complete the PC 1000 Education Track shall have no new arrests, excluding minor traffic offenses, while in the program. This is measured by participant self-report and is documented at their final service in the program.

The full program guidelines can be found at Optum.

Witnessed Collection

(from Adult Drug Court Best Practice Standards, Volume II – Text Revision. National Association of Drug Court Professionals, Alexandria, Virginia. Copyright 2018, Text Revision, National Association of Drug Court Professionals)

Drug Court participants and probationers acknowledge engaging in widespread efforts to defraud drug and alcohol tests. These efforts include, but are not limited to, consuming excessive water to dilute the sample (dilution), adulterating the sample with chemicals intended to mask a positive result (adulteration), and substituting another person's urine or a look-alike sample that is not urine, such as apple juice (substitution) (Cary, 2011; McIntire & Lessenger, 2007). Collectively, these efforts are referred to as tampering. In focus groups, Drug Court participants reported being aware of several individuals in their program who tampered with drug tests on more than one occasion without being detected by staff (Goldkamp et al., 2002).

The most effective way to avoid tampering is to ensure that sample collection is witnessed directly by a trained and experienced staff person (ASAM, 2013; Cary, 2011). If substitution or adulteration is suspected, a new sample should be collected immediately under closely monitored conditions (McIntire et al., 2007). Staff members should be trained in how to implement countermeasures to avoid tampered test specimens. Examples of such countermeasures include searching participants' clothing for chemical adulterants or fraudulent samples, requiring participants to leave outerwear outside of the test-collection room, and putting colored dye in the sink and toilet to prevent water from being used to dilute test specimens (McIntire & Lessenger, 2007).

If substitution or other efforts at tampering are suspected for a urine specimen, it may be useful to obtain an oral fluid specimen immediately as a secondary measure of substance use. Generally speaking, observing the collection of oral fluid closely is easier than for the collection of urine, and oral fluid tests are less susceptible to dilution than urine tests (Heltsley et al., 2012; Sample et al., 2010). However, because oral fluid testing has a shorter detection window than urine testing, a negative oral fluid test would not necessarily rule out recent drug use or the possibility of a tampered urine test.

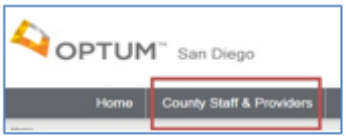
Because specialized training is required to minimize tampering of test specimens, under most circumstances participants should be precluded from undergoing drug and alcohol testing by independent sources. In exigent circumstances, such as when participants live a long distance from the test collection site, the Drug Court might designate independent professionals or laboratories to perform drug and alcohol testing. As a condition of approval, these professionals should be required to complete formal training on the proper collection, handling, and analyses of drug and alcohol test samples among Drug Court participants or comparable criminal justice populations. Drug Courts are also required to follow generally accepted chain-of-custody procedures when handling test specimens (ASAM, 2013; Cary, 2011; Meyer, 2011). Therefore, if independent professionals or laboratories perform drug and alcohol testing, they must be trained carefully to follow proper chain-of-custody procedures.

Navigating the Optum Website: A Tip Sheet for SUD Service Providers

The Optum website is an efficient way for County Quality Management (QM) to post important documents and communications for providers. To access SUD program specific information, follow the steps below:

1. Go to https://www.optumsandiego.com

2. On the home screen, select the **County Staff & Providers** button on the top of the page:

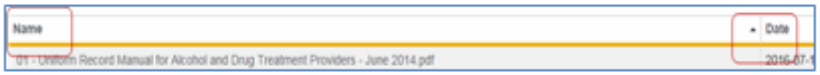


3. A drop-down menu will display. Select the option for **Drug Medi-Cal Organized Delivery System**:

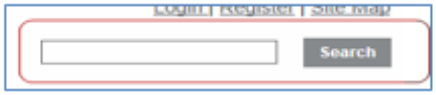
4. This will launch a page with several tabs at the top. There are three tabs relevant for SUD Service providers: **SUDPOH, SUDURM,** and **Communications:**

   a. **SUDPOH** tab is for the "Substance Use Disorder Provider Operations Handbook" and recent updates with the handbook
   b. **SUDURM** tab is for the "Substance Use Disorder Uniform Record Manual", also known as the "Client File"
   c. **Communications** tab is for QM memos sent to both mental health and SUD programs

5. Within a tab, you can select a header to change how postings are arranged:
   a. Clicking on the **Name** header will re-alphabetize the list of documents.
   b. Clicking on the **Date** header will re-order the postings by date they were posted.



6. There is also a **Search** feature at the top right of the website to help locate documents.



7-02-2018

County of San Diego—HHSA

Privacy Incident Reporting Process for Programs

Staff Steps

Staff becomes aware of suspected or actual privacy incident and notifies Program Manager immediately.

Examples of reportable Privacy Incidents include:

- Giving Client A's paperwork to Client B
- Sending email with client information to wrong individual
- Sending unencrypted email with client information outside of the County
- County email hacked
- Ransomware found on County device
- Misplacing a client's chart
- Losing County-issued phone or laptop
- Looking up clients without a business purpose

Incidents at County-Operated Programs

1. For all Privacy Incidents, within 1 business day, Manager submits an initial *HHSA Privacy Incident Report* (PIR) online at https://www.sandiegocounty.gov/content/sdc/hhsa/hhsa-privdb-landing.html. The PIR is also available on the ACO website: www.cosdcompliance.org.

   If suspected or actual privacy incident involves 500 or more individuals or data from the Social Security Administration, upon discovery, Manager also immediately emails Agency Compliance Office (ACO) at: PrivacyOfficer.HHSA@sdcounty.ca.gov.

2. Within 3 business days, Manager investigates and updates PIR using the unique Access Code and PIR# provided after initial PIR submission.
3. Within 7 business days, Manager provides completed PIR.
4. ACO confers with Manager as needed before ACO makes formal breach assessment and determination as to Client Notifications.
5. If ACO determines that Notifications are needed:
   a. Manager uses ACO template to draft Notifications for ACO approval.
   b. Once approved, Manager mails signed Notifications within timeline provided by ACO
   c. Manager provides date Notifications sent to ACO.
   d. ACO may request certified mail and/or copy of Notifications
6. ACO makes any necessary breach notifications to State and/or federal oversight agencies.

Incidents at Contractor-Operated Programs

1. For all Privacy Incidents, within 1 business day, Manager submits an initial *HHSA Privacy Incident Report* (PIR) online at https://www.sandiegocounty.gov/content/sdc/hhsa/hhsa-privdb-landing.html. The PIR is also available on the ACO website: www.cosdcompliance.org.

   If suspected or actual privacy incident involves 500 or more individuals or data from the Social Security Administration, upon discovery, Manager also immediately emails Agency Compliance Office (ACO) at: PrivacyOfficer.HHSA@sdcounty.ca.gov.

2. Within 3 business days, Contractor investigates and updates the PIR using the unique Access Code and PIR# provided after initial PIR submission.
   - PIR should include Contractor's initial breach risk analysis in 'Discuss Impact of Privacy Incident' section of PIR.
3. Within 7 business days, Contractor provides completed PIR, including final breach risk analysis.
4. ACO reviews Contractor's PIR and confers with Contractor and/or State, as applicable, to determine need for Client Notifications.
5. If ACO determines that Notifications are needed:
   a. Contractor ensures Notifications comply with CA Civil Code 1798 and other legal requirements before submitting to ACO for approval.
   b. Once approved, Contractor mails signed Notifications within timeline provided by ACO
   c. Contractor provides date Notifications sent to ACO.
6. ACO completes privacy breach reporting to State to satisfy the County's contractual requirements with the State.
7. Contractor is responsible for all other notifications, such as those required by State or federal regulations.

More detail on these requirements is found in Article 14 of contract

HHSA L-24: Privacy Incident Reporting Workflow 2022.10.03

County TLS Email Encryption

The County has Transport Layer Security (TLS) available for sending encrypted email through a secured connection. This means that when a TLS connection is established with a vetted County business partner, all email communication sent between the County and the business partner will be automatically encrypted in transit over the Internet through the secured connection.

County of SD - ...@sdcounty.ca.gov **Vetted Business Partners - @xxxxxxx**

County business partners interested in establishing a TLS connection with the County must meet the following requirements:

- Must have TLS-enabled mail servers.
- Must have a server digital certificate issued by a Certificate Authority.

If both items above are met, the business partner may request the County's **TLS Boundary Encryption Form** (complete sections 2 -4) and return to HHSA Pilar.Miranda@sdcounty.ca.gov to initiate the process. It takes approximately two weeks to set up.

Note: Business partner users are to contact their IT/compliance/security officer if they have any questions regarding TLS email communication.

HHSA-ACO, Information Security (PMiranda 6/2019)

BHS CalOMS & Open Admissions Process

REQUIREMENT

- BHS MIS unit submits CalOMS data to DHCS on the 1st and 15th of each month.

CalOMS PROCESS

1. BHS MIS unit will contact providers via email with CalOMS errors generated after each data submission.

2. Providers should read the full email which will include how to resolve some of the common errors.

3. Providers are expected to have the corrections made prior to the next scheduled data submission to DHCS.

OPEN ADMISSIONS PROCESS

1. BHS MIS unit will contact providers via email with DHCS Open Admissions records that are either:
    a. Out of compliance - meaning over 11 months from CalOMS Admission or last CalOMS Annual Update
    b. At risk of becoming out of compliance – meaning between 10 - 11 months from CalOMS Admission or last CalOMS Annual Update

2. Providers should read the full email which will include instructions and due dates.

3. Providers are expected to update the records as follows:

    a. Records that are at risk of becoming out of compliance must have a CalOMS Annual Update or CalOMS Discharge record completed prior to the next scheduled CalOMS submission to DHCS.

    b. Records 11.0 months plus one day are out of compliance and must have a CalOMS Annual Update or CalOMS Discharge completed within 3 days of the email sent by the MIS unit.

BHS DATAR Process

REQUIREMENT

- Provider DATAR reporting is due to DHCS by the 7th of each month.

PROCESS

1. Monthly email reminders are sent to each provider on the 1st of each month and as needed.

2. Providers have between the 1st of each month and the 7th of each month to submit DATAR data to DHCS. DATAR must be submitted by the close of the business day on the 7th.

3. BHS MIS unit will generate a DHCS Non-Compliance DATAR Report on the 8th of each month to identify any providers not in compliance with the monthly DATAR requirement.

4. Providers identified on the Non-Compliance DATAR list will be notified via email of their non-compliance status and requested to comply immediately.

5. Assigned COR's and Analysts will be notified on the 8th of each month of providers identified on the Non-Compliance DATAR Report.

6. BHS MIS unit will continue to generate additional reports and follow-up with CORs and providers until compliance is 100%.

7. DATAR staff access, staff account deactivations, and issues submitting DATAR should be sent to the MIS SUD Support desk at SUDEHRSupport.HHSA@sdcounty.ca.gov.

8. Providers are expected to have at least two staff that have access to submit DATAR in case of staff leaves, vacation, sickness, etc.…

9. Providers are responsible for sending a pdf. file of the month's submission to the SUD Support desk at SUDEHRSupport.HHSA@sdcounty.ca.gov by the 10th of each month for auditing.

What is DATAR?

The Drug and Alcohol Treatment Access Report (DATAR) is the Department of Health Care Services (DHCS) system to collect data on treatment capacity and waiting lists and is considered a supplement to the California Outcomes Measurement System (CalOMS). DATAR assists in identifying specific categories of individuals awaiting treatment. Note: The county's Intergovernmental Agreement (IA) under Organized Delivery System (ODS) does not allow waitlist.

Who Must Report?

All Substance Use Disorder (SUD) treatment providers that receive SUD treatment funding from DHCS are required to submit the one-page DATAR form to DHCS each month. In addition, certified Medi-Cal providers, and Licensed Narcotic Treatment Programs (NTP/OTP) must report, whether they receive public funding.

DEFINITIONS

Total Treatment Capacity:
The maximum number of clients/participants who could be enrolled for SUD treatment at any one time using **ALL** sources of funds (public, DMC, 3rd party, client fees…) allocated to this treatment unit.

Public Treatment Capacity:
The maximum number of clients/participants who could be enrolled for SUD treatment at any one time, using the public funds available to this treatment provider by federal, state, and/or county government.

Public Funds:
Public funds are those that are allocated to the county SUD treatment programs as well as certain county generated funds. These funds can include (but are not necessarily limited to) state general, federal block grants, discretionary grants, county funds, federal Drug/Medi-Cal, etc.…

Slot:
Slot is the capacity to provide treatment service to one individual. Total slots reflect the maximum number of individuals a provider can serve at any one time, given its complement of staffing and other resources. "The static capacity that is being reported".

- NTP/OTP should be reported in terms of licensed slots
- Outpatient should be reported as the number of clients a provider can accommodate given available resources
- Residential should be reported in terms of available beds

Service Type(s):
Service(s) Approved by DHCS to serve clients/participants in a SUD Program. DATAR displays only the types of services the specific facility is contracted to provide.

Abbreviations for Service Types:

ABBREVIATION	DESCRIPTION
ODF	Outpatient Services (OS)
MAINT NTP/OTP	NTP/OTP Maintenance
NTP/OTP DTX	NTP/OTP Detox
NONRES DTX	Non-Residential Detox
RES DTX-NH	Residential Detox – Non-Hospital
RES	Residential
IOT/DCR	Intensive Outpatient Services (IOS)
OTHER	Hospital detoxification, Jail settings, etc.

DATAR QUESTIONNAIRE OVERVIEW

LINE 1-TOTAL TREATMENT CAPACITY- *Funding Source: (ALL) see definitions above*	Enter the total treatment capacity at this location by type of service. If a program has two or more types of service, then each entry must reflect the number of "slots" which can be provided in that service type at any given time. If the entries across the line were to be added, the result would be the total program capacity for SUD treatment service at this location. *See Definitions above*
LINE 2A-PUBLIC TREATMENT CAPACITY *Funding Source: (PUBLIC)*	Enter the public treatment capacity at this location by type of service. If a program has two or more types of service, then each entry must reflect the number of slots per service type at any given time. This number represents the maximum number of clients/participants aka "slots" who could be enrolled for SUD treatment at any one time using **PUBLIC Funds** available. *See Definitions above*
LINE 2B- AVAILABLE PUBLIC TREATMENT OPENINGS AT END OF MONTH *Funding Source: (PUBLIC)*	Enter for each service type, the unused **PUBLIC** treatment capacity at this location as of the last day of the report month (number of "slots" empty) • *NTP slot- Licensed slots* • *Outpatient services- The number of unique clients a provider can accommodate given available resources* • *Residential- Licensed beds*
LINE 3- NUMBER OF DAYS THE PROGRAMS CENSUS/ENROLLMENT EXCEEDED 90% OF PUBLIC TREATMENT CAPACITY DURING THE MONTH- *Funding Source: (PUBLIC)*	Enter for each service type the number of days during the report month that the programs enrollment exceeded 90% of its **PUBLIC** treatment capacity. *I.e. Facility A has 100 public slots per month and for 12 days they were at 92% capacity. "12" will be entered since for 12 days they were over 90%*
LINE 4- TOTAL NUMBER OF APPLICANTS ON THE WAITING LIST AT ANY TIME DURING THE ENTIRE MONTH-*Funding Source: (PUBLIC)*	Lines 4 - 7G are all related to waitlist, zero's (0) should be entered by type of service.
LINE 5-NUMBER OF APPLICANTS ON WAITING LIST ON LAST DAY OF REPORT MONTH-*Funding Source: (PUBLIC)*	
LINE 6A- NUMBER OF APPLICANTS ADMITTED TO TREATMENT FROM THE WAITING LIST-*Funding Source: (PUBLIC)*	
LINE 6B- TOTAL NUMBER OF DAYS THAT APPLICANTS ADMITTED TO TREATMENT SPEND ON WAITING LIST-*Funding Source: (PUBLIC)*	

LINE 7- NUMBER OF IDU ON WAITING LIST- *Funding Source: (PUBLIC)*	
LINE 7B- NUMBER OF PREGNANT WOMEN ON WAITING LIST-*Funding Source: (PUBLIC)*	
LINE 7C- NUMBER OF PREGNANT IDU ON WAITING LIST-*Funding Source: (PUBLIC)*	
LINE 7D- NUMBER OF MEDI-CAL MEMBERS- *Funding Source: (PUBLIC)*	
LINE 7E- NUMBER OF CALWORKS RECIPIENTS-*Funding Source: (PUBLIC)*	
LINE 7F- NUMBER OF SACPA COURT/PROBATION REFERRALS-*Funding Source: (PUBLIC)*	
LINE 7G- NUMBER OF SACPA PAROLE REFERRALS-*Funding Source: (PUBLIC)*	

SUBSTANCE USE DISORDER CREDENTIALS

CADTP Certification Levels
(Effective January 1, 2019)

Substance Use Disorder Registered Counselor (SUDRC)
Before becoming employed as a counselor in a DHCS licensed or certified program, an applicant must register with the California Association of DUI Treatment Programs (CADTP). Applicants will have five (5) years from the date of being registered as an AOD counselor to complete the certification process.

SUDCC- Substance Use Disorder Certified Counselor
- Passed the IC&RC Exam
- 315 hours of formal SUD related education
- 2080 hours of SUD related work experience (160 practicum)

SUDCC II- Substance Use Disorder Certified Counselor – Advanced Experience
- Passed the IC&RC Exam
- 315 hours of formal SUD related education,
- 5 years or 10,000 hours of SUD work experience

SUDCC III - Substance Use Disorder Certified Counselor – Advanced Experience and Bachelor Level Education
- Passed the IC&RC Exam
- Bachelor's degree in SUD related education
- 5 years or 10,000 hours of SUD work experience

SUDCC III-CS - Substance Use Disorder Certified Counselor Clinical Supervisor
(Effective 01/01/2019: all former CAODC-CS counselors will be grandfathered to the SUDCC III-CS)
- Passed the IC&RC Exam
- Bachelor's degree in SUD related education
- 5 years or 10,000 hours of SUD work experience which includes 2 years' experience in the direct supervision of SUD Counselors
- Completed 40 hours of Clinical Supervisor specific education

SUDCC IV: Substance Use Disorder Certified Counselor – Advanced Experience and Master Level Education
- Passed the IC&RC Exam
- Master's degree in formal SUD related education
- 5 years or 10,000 hours of SUD work experience

SUDCC IV- CS: Substance Use Disorder Certified Counselor Clinical Supervisor
- Passed the IC&RC Exam
- Master's degree in formal SUD related education
- 5 years or 10,000 hours of SUD work experience which includes 2 years experience in the direct supervision of SUD Counselors
- Completed 40 hours of Clinical Supervisor specific education

Credential Verification: http://www.cadtp.org/counselors/

Reference: www. cadtp.org

Alcohol and Other Drug Counselors Licensed, Certified, or Registered By CCAPP

In order to assist clients, employers, and state regulators in the verification and referral processes, CCAPP has developed "The Registry" for identifying qualified treatment professionals in good standing with the California Consortium of Addiction Programs and Professions Credentialing (CCAPP Credentialing). The term "pending" may identify one of the following: pending administrative review, nonpayment of renewal dues and/or declined credit card and/or a check provided that has been sent back with the status non-sufficient funds.

RADT = Registered Alcohol and Drug Technician

RADT II = Registered Alcohol and Drug Trainee II

CADC I = Certified Alcohol and Drug Counselor I

CADC II = Certified Alcohol and Drug Counselor II

CADC-CS = Certified Alcohol Drug Counselor – Clinical Supervisor

LAADC = Licensed Advanced Alcohol and Drug Counselor

LAADC-S = Licensed Advanced Alcohol and Drug Counselor - Supervisor*

*non-governmental license

IM = Membership, this is not a credential

We also offer specialty certifications:

CCJP = Certified Criminal Justice Addiction Professional

CCPS = California Certified Prevention Specialist

CCDP = Certified Co-occurring Disorder Professional

CPRS = Certified Peer Recovery Specialist

CRPM = Certified Recovery Program Manager

MATS = Medication Assisted Treatment Specialist

IS = Intervention Specialist

WTS = Women's Treatment Specialist

Credential Verification: https://ccappcredentialing.org/index.php/verify-credential

Reference: https://ccappcredentialing.org

SUBSTANCE USE DISORDER CREDENTIALS

CATC (I, II, III, IV, V, N) Certification Upgrades
The honorary CATC (I, II, III, IV, V, N) tiered system is designed to signify your higher level of education to employers and clients. The education requirements (in addition to the minimum 315 hours of AOD coursework) for each honorary CATC tier level are as follows:

(CATC-i)- Intern Registration

CATC I - Certificate of Completion from a 30-Unit minimum approved Alcohol and Other Drug (AOD)/Addiction Studies or Alcohol and Drug Studies (ADS) Community College Program (https://dev.caade.org/accreditation-of-colleges-career-track-programs/accreditedaodprograms/) and must be in Addiction Studies or Alcohol & Drug Studies
CATC II – Associate Degree – Degree must be from a regionally accredited college/university and must be in Addiction Studies or a related field.
CATC III - Bachelor's Degree - Degree must be from a regionally accredited college/university and must be in Addiction Studies or a related field.
CATC IV – Master's Degree - Degree must be from a regionally accredited college/university and must be in Addiction Studies or a related field.
CATC V – Doctoral Degree - Degree must be from a regionally accredited college/university and must be in Addiction Studies or a related field.
CATC N – Nursing Degree - Degree must be from a regionally accredited college/university and must be in Nursing

Credential Verification: http://caadeorg.azurewebsites.net/searchrecordscompoundCAADE.php

Reference: https://caade.org

Trauma-Informed Care Code of Conduct

In alignment with LiveWell San Diego, the Trauma Informed Code of Conduct, facilitated by Clinton Health Matters Initiative, was developed by young adults from Project A.W.A.R.E., Just in Time for Foster Youth, and Youth Empowerment. It is a statement of their expectation about how children, youth, and families should be treated by government agencies and communities of support who interact with them. An organization that adopts the Code of Conduct commits to ensuring that its policies and staff practices meet the standards below, and has a system of accountability to make sure that this is true.

Adopting organizations commit to apply trauma-informed care practices to ensure that their interactions, behaviors, services, and communities of support are accountable to avoid worsening the effects of trauma, to support youth in building resilience, and in being balanced, healthy, and empowered. Adopting organizations view each person as creative, resourceful, whole, and more than just a number.

ADOPTING ORGANIZATIONS WILL ADHERE TO THESE PRINCIPLES:

Safety

A safe and open-minded place where I feel welcome

a. Nurtures a reliable environment with respect for privacy and self-expression
b. Maintains nonviolent environment free of intimidation
c. Respects confidentiality unless permission is given (unless someone is harming you, you are harming yourself, or you are harming someone else)

Effective Communication

Providing me with clear and consistent information

a. Ensures needs are met with an appropriate level of urgency, prioritization, and follow-through
b. Provides accessible means of communication, with appropriate measures taken for privacy (e.g. in-person, phone, email, social media)
c. Maintains transparency about the organization's processes, and explains actions taken in any high-stress situation
d. Utilizes a process to provide constructive feedback to the organization, and ensures steps are taken for improvement when appropriate

Individualized Support

Assists me and considers the factors affecting my situation

a. Implements a welcome process to the organization and community
b. Builds mutually beneficial partnerships to promote successes and coach people to reach personal goals
c. Connects people with services and partners, or offers alternatives until needs are properly addressed
d. Views each person as creative, resourceful, whole, and more than just a number

Supportive Staff

Is kind and has a true and genuine passion for helping me

a. Integrates trauma-informed care training and awareness
b. Reflects the community served (e.g. lived experiences, ethnicity, race, gender, social status)
c. Values everyone regardless of gender, race, sexual orientation, social status, religious and personal beliefs, or culture
d. Offers a considerate, honest, and empathetic community that can be relied on

CLINTON FOUNDATION

BHS Health, Safety and Appearance Standards

Substance Use Disorder Program Facilities
Health, Safety, and Appearance Standards, HHSA: ADS 1077

For All Facilities:

1. All areas shall be kept clean.
2. All areas shall be free of health risks, i.e. vermin and their residue, contaminated water, noxious odors, and accumulated dirt. Maintenance supplies, especially toxic materials, shall be stored appropriately in secured areas.
3. Refrigerators, microwaves, coffeemakers, and any other appliances used for food preparation shall be cleaned and maintained regularly. All food items shall be stored appropriately.
4. Wastebaskets, trash cans, dumpsters, etc. shall be emptied regularly and cleaned and disinfected as necessary. Areas surrounding trashcans and dumpsters shall also be cleaned and maintained.
5. All occupied areas shall have adequate ventilation and reasonable interior temperatures (64-85 degrees).
6. All sites shall have a fully equipped first aid kit, posted emergency exit plan, up-dated fire extinguishers, and smoke and carbon monoxide detectors.
7. All electrical wiring shall be free of safety hazards and meet appropriate codes. Electrical supply cabinets must be locked/secured to prevent access by clients, children, and visitors.
8. All floors and walkways shall be intact, level, and free of all tripping hazards and other obstructions.
9. Lighting shall be adequate inside and outside the facility during all seasons of the year.
10. Boxes, records, papers, and other supplies shall be neatly kept in appropriate storage areas. None of these items shall be allowed to obstruct passage by clients, staff, or visitors.
11. Smoking, if allowed by the program, shall occur only in designated outdoor smoking areas with adequate disposal receptacles away from public entrances and exits and areas where children and youth may be present.
12. Roof, walls, ceilings, and floors shall be maintained in good condition, i.e. no peeling paint, rotting wood, etc. They shall be free of mold and mildew, water damage, and rust.
13. All furniture shall be in good repair and suitable to the program's services.
14. All decorative art shall be intact, secured, and well maintained.
15. Entrances shall be identified.
16. Window treatments shall be in good repair.
17. Emergency, fire, and safety procedures and exit maps shall be in view.

APPENDIX O.1 – Sliding Scale

UNIFORM PATIENT FEE SCHEDULE
COMMUNITY MENTAL HEALTH SERVICES
Effective October 1, 1989

MONTHLY ADJUSTED GROSS INCOME*	PERSONS DEPENDENT ON INCOME ANNUAL DEDUCTIBLES				
	1	2	3	4	5 or more
	MEDI-CAL ELIGIBLE AREA				
0-569					
570-599					
600-649					
650-699	50				
700-749	56				
750-799	63				
800-849	71	64			
850-899	79	71			
900-949	89	80			
950-999	99	90	80		
1000-1049	111	100	90		
1050-1099	125	112	101		
1100-1149	140	126	113		
1150-1199	156	140	126	113	
1200-1249	177	159	143	129	
1250-1299	200	180	162	146	
1300-1349	226	203	183	165	149
1350-1399	255	230	207	186	167
1400-1449	288	259	233	210	189
1450-1499	326	293	264	238	214
1500-1549	368	331	298	268	241
1550-1599	416	374	337	303	273
1600-1649	470	423	381	343	309
1650-1699	531	478	430	387	348
1700-1749	600	540	486	437	393
1750-1799	678	610	549	494	445
1800-1849	752	677	609	548	493
1850-1899	835	752	677	609	548
1900-1949	927	834	751	676	608

MONTHLY ADJUSTED GROSS INCOME*	PERSONS DEPENDENT ON INCOME ANNUAL DEDUCTIBLES				
	1	2	3	4	5 or more
1950-1999	1029	926	833	750	675
2000-2049	1142	1028	925	833	750
2050-2099	1268	1141	1027	924	832
2100-2149	1407	1266	1139	1025	923
2150-2199	1562	1406	1265	1139	1025
2200-2249	1734	1561	1405	1265	1139
2250-2299	1925	1733	1560	1404	1264
2300-2349	2136	1922	1730	1557	1401
2350-2399	2371	2134	1921	1729	1556
2400-2449	2632	2369	2132	1919	1727
2450-2499	2922	2630	2367	2130	1917
2500-2599	3275	2948	2653	2388	2149
2600-2699	3482	3134	2821	2359	2285
2700-2799	3695	3326	2993	2694	2425
2800-2899	3915	3524	3172	2855	2570
2900-2999	4139	3725	3353	3018	2716
3000-3099	4370	3933	3540	3186	2867
3100-3199	4607	4146	3731	3358	3022
3200-3299	4850	4365	3929	3536	3182
3300-3399	5099	4589	4130	3717	3345
3400-3499	5458	4912	4421	3979	3581
3500-3599	5830	5247	4722	4250	3825
3600-3699	6214	5593	5036	4532	4079
3700-3799	6610	5949	5354	4819	4337
3800-3899	7018	6316	5684	5116	4604
3900-3999	7438	6694	6025	5423	4881
4000-4099	7870	7083	6375	5738	5164
4100-4199	8314	7483	6735	6062	5456
Above $4,200 Add $400 for each $100 additional income					

** Monthly Gross Income after adjustment for allowable expenses and asset determination from computation made*

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